

**Maricopa County Department of Public Health (MCDPH)
Community Health Nursing Immunization Program**

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This Notice describes how we may use and disclose your medical information and the rights you have concerning your own medical information.

**PURPOSES FOR WHICH WE USE AND DISCLOSE YOUR MEDICAL
INFORMATION**

Healthcare Treatment: For example, we may share your immunization information within our organization or with outside healthcare providers, such as your doctor, or school nurses, to provide you with medical services.

Payment: For example, organizations which pay for your services, such as the state or a health plan, may ask to see parts of your immunization record before they will pay us for your treatment.

Health Care Operations: For example, we may use your immunization information to conduct quality improvement activities or to conduct business management and planning. We may employ the services of business associates who may assist us in one or more tasks and who may use, change, or create medical information.

Other Purposes:

- ✧ Federal, state, or local laws sometimes require us to disclose immunization information.
- ✧ We are required to use your immunization information for public health purposes such as to prevent or control disease.
- ✧ We may disclose your immunization information to a family member or friend who is involved in your medical care, or to someone who helps to pay for your care.
- ✧ We may disclose immunization information to law enforcement officials for limited law enforcement and health and safety purposes.
- ✧ We may disclose immunization information to a government agency that oversees our program, such as the Arizona Department of Health Services.
- ✧ We may disclose immunization information if we are ordered to do so by a court or if we receive a subpoena or a search warrant.
- ✧ We may use or disclose your immunization information for research projects.
- ✧ We may disclose your immunization information for educational purposes, in which students or healthcare providers in the community observe treatment provided at our clinics in order to learn.

Other Uses and Disclosures: if we wish to use or disclose your immunization information for a purpose that is not discussed in this Notice, we will seek your permission. If you give your permission (by written authorization), you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you would ever like to revoke your permission, please notify the Privacy Officer in writing.

WHAT ARE YOUR RIGHTS?

You may make a written request to our Privacy Officer to do one or more of the following:

- ✧ You have the right to look at and to get a copy of your own immunization information. We may charge you for our costs to copy the information.
- ✧ If you examine your immunization information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. We do not have to agree in some cases.
- ✧ You have the right to request a list of any of the disclosures we make of your immunization information.
- ✧ You have the right to ask us not to make uses or disclosures of your immunization information to treat you, to seek payment for care, or to operate our program. We are not required to agree to your request.
- ✧ You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us to communicate only by mail.
- ✧ You have the right to another copy of this Notice or to a copy of the most current Notice. We must abide by the most current Notice. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all immunization information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices and make it available at our sites and on our Web site: www.maricopa.gov/Public_Health.

For complaints or concerns, please contact the MCDPH Privacy Officer by writing to:

MCDPH Compliance and Risk Manager
4041 N. Central Ave., #1400
Phoenix, AZ 85012

If for some reason the Privacy Officer cannot resolve your concern, you may also file a complaint with the Secretary of the U.S. Dept. of Health and Human Services. We will not penalize you or retaliate against you in any way for filing a complaint with the Secretary.

For questions, call 602-506-6609 and ask to speak with the Compliance and Risk Manager.

| Effective date: [March 2, 2009](#)